## BEST AVAILABLE COPY

ΣΔ	TENT	APPL	<b>ICATION</b>	FEE	<b>DETERMINATION</b>	RECORD
----	------	------	----------------	-----	----------------------	--------

Effective October 1, 2000

Application	or	<b>Docket</b>	Numbe
Applioanon	•		

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY			
то	TAL CLAIMS		15				RATE		FEE		RATE	FEE
FOR			NUMBER F	ILED	NUMB	ER EXTRA	BAS	SIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEAE	BLE CLAIMS	15 min	minus 20= *		×	\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	/ mir	nus 3 =	L	/	>	(40=		OR	X80=	
MU	ILTIPLE DEPEN	DENT CLAIM P	RESENT				+	135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2					olumn 2	T	OTAL	<i>35</i> 5	OR	TOTAL		
CLAIMS AS AMENDED - PART II					S	MALL E	ENTITY	OR	OTHER SMALL			
MTA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IMN 2) HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	*	Minus	**	71011	=	>	(\$ 9=		OR	X\$18=	
AMEN	Independent	*	Minus	***			7	<b>(40=</b>		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		+	135=		OR	+270=	:
							ADI	TOTAL DIT. FEE			TOTAL ADDIT. FEE	
-		(Column 1)		(Coli	umn 2)	(Column 3)	70.	// // · · · · ·	<b>i</b>			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER /IOUSLY D FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**		=	,	<b>(\$ 9=</b>		OR	X\$18=	
AME	Independent	*	Minus	***	'T OL A11	=	7	X40=		OR	X80=	i
L	FIRST PRESE	NTATION OF M	IULTIPLE DEF	JENDEN	11 CLAIM	<u>'                                    </u>	+	·135=		OR	+270=	
						•	ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			umn 2)	(Column 3)						
ENTC		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	CHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	,	<b>K\$</b> 9=		OR	X\$18=	
AMENDMENT	Indep ndent	<u> </u>	Minus	***	T OLAU	=	;	X40=		OR	X80=	
止	FIRST PRESE	ENTATION OF N	MULTIPLE DE	PENDE	NT CLAIN	<u> </u>		-135=		OR		
:	If the entry in colu	ımn 1 is less than	the entry in col	umn 2, wi	rit "0" in c	column 3.		TOTAL		OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  Th "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												